

Elevating Device Accident Report
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30254, Lansing, MI 48909
Telephone: 517-241-9337 Fax: 517-241-6301

DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER
STATE SERIAL NUMBER

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
---	--

Instructions: According to R 408.7006, the holder of a Certificate of Operation shall notify the department within 48 hours of every accident involving personal injury or damage to the elevator. The department may investigate all such accidents. Complete all items listed and submit to the address listed above.

ELEVATOR LOCATION INFORMATION

ELEVATOR LOCATION (Building Name)			
LOCATION (Address)		CITY	ZIP CODE
DATE OF ACCIDENT	NUMBER OF INJURED PERSONS	DEVICE TYPE (See Back for Codes)	ESCALATOR DIRECTION OF TRAVEL <input type="checkbox"/> 1. UP <input type="checkbox"/> 2. DOWN
ACCIDENT TYPE <input type="checkbox"/> 1. FATAL <input type="checkbox"/> 2. NON-FATAL	ACCIDENT CAUSE <input type="checkbox"/> 1. TRIPPING <input type="checkbox"/> 3. STRUCK BY DOOR <input type="checkbox"/> 5. CAUGHT IN ESCALATOR <input type="checkbox"/> 7. ELEVATOR STUCK (HEART) <input type="checkbox"/> 2. ELEVATOR FALLING <input type="checkbox"/> 4. UNLEVEL ELEVATOR DOOR <input type="checkbox"/> 6. FALL DOWN ELEVATOR SHAFT <input type="checkbox"/> 8. OTHER _____		DAMAGE TO DEVICE <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO

INJURIES

NAME OF PERSON INJURED			NAME OF PERSON INJURED		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PART OF BODY INJURED <input type="checkbox"/> 1. HAND <input type="checkbox"/> 3. FOOT <input type="checkbox"/> 5. EYE <input type="checkbox"/> 7. TOES <input type="checkbox"/> 2. ARM <input type="checkbox"/> 4. LEG <input type="checkbox"/> 6. FINGER <input type="checkbox"/> 8. OTHER _____			PART OF BODY INJURED <input type="checkbox"/> 1. HAND <input type="checkbox"/> 3. FOOT <input type="checkbox"/> 5. EYE <input type="checkbox"/> 7. TOES <input type="checkbox"/> 2. ARM <input type="checkbox"/> 4. LEG <input type="checkbox"/> 6. FINGER <input type="checkbox"/> 8. OTHER _____		
NAME OF PERSON INJURED			NAME OF PERSON INJURED		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PART OF BODY INJURED <input type="checkbox"/> 1. HAND <input type="checkbox"/> 3. FOOT <input type="checkbox"/> 5. EYE <input type="checkbox"/> 7. TOES <input type="checkbox"/> 2. ARM <input type="checkbox"/> 4. LEG <input type="checkbox"/> 6. FINGER <input type="checkbox"/> 8. OTHER _____			PART OF BODY INJURED <input type="checkbox"/> 1. HAND <input type="checkbox"/> 3. FOOT <input type="checkbox"/> 5. EYE <input type="checkbox"/> 7. TOES <input type="checkbox"/> 2. ARM <input type="checkbox"/> 4. LEG <input type="checkbox"/> 6. FINGER <input type="checkbox"/> 8. OTHER _____		

ACCIDENT DESCRIPTION

SIGNATURE OF PERSON REPORTING	NAME OF FIRM	TELEPHONE NUMBER (Include Area Code)

Device Codes

P	=	Passenger Elevator
F	=	Freight Elevator
F2	=	Freight 2 Elevator
F3	=	Freight 3 Elevator
RES	=	Private Resident Elevator
I	=	Inclined Elevator
IR	=	Private Residence Inclined Elevator
LU/LA	=	Limited-Use/Limited-Application Elevator
LU/LAR	=	Private Resident Limited-Use/Limited-Application Elevator
SW	=	Sidewalk Elevator
R	=	Rooftop Elevator
M	=	Mine Elevator
SPP	=	Special Purpose Personnel Elevator
ESC	=	Escalator
MW	=	Moving Walk
DW	=	Dumbwaiter
DWR	=	Private Residence Dumbwaiter
ML	=	Material Lift
VPL	=	Vertical Platform Lift
VPLR	=	Private Residence Vertical Platform Lift
IPL	=	Inclined Platform Lift
IPLR	=	Private Residence Inclined Platform Lift
SC	=	Stairway Chairlift
SCR	=	Private Residence Stairway Chairlift
SED	=	Special Elevating Device
SDR	=	Private Residence Special Elevating Device
SL	=	Sewer Lift
PH	=	Personnel Hoist
BM	=	Belt Manlift
OME	=	One Man Electric Power
OMH	=	One Man Hand Power
BFLD	=	Barrier Free Lifting Device
BFLR	=	Private Residence Barrier Free Lifting Device
IL	=	Incline Lift (Outdoor)
ILR	=	Private Residence Incline Lift (Outdoor)
WED	=	Wheelchair Elevating Device
WDR	=	Private Residence Wheelchair Elevating Device